

New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Services
PO Box 361
Trenton, NJ 08625-0361

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)

Name of Blood Bank	County	Code Number
Address		
Name of Individual Completing Form	Telephone Number	

Please furnish the following data for the report year and return to the above address. Please retain a copy for your files.

To cross-check your numbers, please balance your figures according to the following formula before submitting your data:

Total Supply [units on hand + units received + units collected (if collecting)] = Total Returned + Total Transfused + Total Discarded

If assistance is needed, contact the Clinical Laboratory Improvement Service at 609-292-0522.

A. SOURCES OF SUPPLY	Whole Blood	Red Cells*	Totals
1. No. of units successfully drawn in your bank:		////////	
a. Routine (Allogeneic)			
b. Autologous		////////	
c. Directed		////////	
2. No. of units on hand January 1 of report year.			
3. Number of units (Total for Allogeneic, Autologous, Directed) supplied directly by:			
a. Bergen Community Regional Blood Center			
b. Community Blood Council of New Jersey			
c. Central Jersey Blood Center			
d. Blood Center of New Jersey			
e. New Brunswick Affiliated Hosp. Blood Program			
f. Miller Memorial Blood Center			

*Include frozen, washed and WBC-reduced red cells in this total (refer to Page 5, Section E, Number 5, 6 and 7).

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank		Telephone Number	
A. SOURCES OF SUPPLY, Continued	Whole Blood	Red Cells*	Totals
g. American Red Cross: 1. Penn-Jersey, Philadelphia			
2. Other Red Cross			
h. New Jersey Blood Service/ New York Blood Center			
i. Out-of-State Community (Name and State) 1.			
2.			
j. Commercial Blood Banks (Name and State) 1.			
2.			
k. Blood Rec'd Directly from AABB Exchange Programs (Actual units, not credits): 1. Volunteer Sources			
2. Commercial Sources			
l. Directly from other hospitals			
TOTAL SUPPLY			
B. UNITS RETURNED (Only Unexpired Whole Blood or Red Cells for Allogeneic, Autologous and Directed Units)			Totals
1. To County or Community Blood Banks			
2. To Red Cross Centers			
3. To Commercial Suppliers			
4. Sent to Other Hospitals: a. Thru the American Assoc. of Blood Banks (actual units, not credits)			
b. By directed transfer			
5. Balance on hand December 31 of the report year			
TOTAL RETURNED			

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank				Telephone Number			
C. USAGE (Whole Blood and Red Cells)							Total
1. Number of crossmatches							
2. Number of patients transfused							
3. Number of units transfused (count split units as one)	Whole Blood		Red Cells		Totals		
a. Transfused as Allogeneic					////////		
b. Transfused as Autologous					////////		
c. Transfused as Directed					////////		
TOTAL TRANSFUSED							
4. Number of intraoperative autologous procedures performed at your institution							
5. Number of postoperative autologous procedures performed at your institution							
6. Number of hemodilution procedures performed at your institution							
7. Number of Units (RedCells and Whole Blood) discarded from:	Allogeneic		Autologous		Directed		TOTAL
	Your Collec-tions	Other Sources	Your Collec-tions	Other Sources	Your Collec-tions	Other Sources	
a. Outdating							
b. Reactive HB _s Ag							
c. Reactive Standard Test for Syphilis							
d. Reactive Test for HIV Antibody							
e. Reactive HB _c Ab							
f. Reactive Test for HCV Antibody							
g. Elevated ALT							
h. Reactive HTLV-1/HTLV-II							
i. Irregular Antibodies							
j. Contamination, Breakage, etc.							
k. Donor Deferral Registry or Confidential Unit Exclusion							
l. Other-Specify (e.g., equipment failure):							
TOTAL DISCARDS							

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank		Telephone Number	
C. USAGE (Whole Blood and Red Cells) (Continued)			Total
8. Number of units in Question #7 above, confirmed positive for:			
a. HIV			
b. HB _s Ag			
c. STS			
d. HCV			
D. MISCELLANEOUS		Whole Blood	Red Cells
1. Number of units received from suppliers: (Do NOT include units collected at your own facility)			
a. Allogeneic			
b. Autologous			
c. Directed			
TOTAL			
2. Number of unexpired units returned to suppliers:			
a. Allogeneic			
b. Autologous			
c. Directed			
TOTAL			
3. Number of Transfusion Reactions:			
a. Febrile (Nonhemolytic)			
b. Allergic			
c. Hemolytic (Cause)			
1. ABO (Specify)			
2. Clerical (Specify)			
3. Technical (Specify)			
4. Non-Specific			
5. Other (Specify)			
d. Anaphylactic			

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank						Telephone Number				
D. MISCELLANEOUS (Continued)									Total	
e. Delayed										
1. Number of Days After Transfusion										
2. Antibody or Cause of Reaction										
f. Hepatitis-Related										
TOTAL										
E. BLOOD COMPONENTS	Number of Units								No. of Patients Transfused	
	Prepared in Your Bank	Received From			Total	Out date	Ret'd to Supplier	Transfused by Your Bank		
		Name	State	No.						
1. Fresh frozen plasma										
2. Platelet concentrate										
3. Single donor platelets-SDP										
4. Cryoprecipitates										
5. Frozen red cells**										
6. Washed red cells**										
7. White blood cells reduced red cells**										
a. by filtration										
b. by centrifugation										
c. prestorage white cell reduction										
8. Leukocytes										
9. Solvent Detergent Plasma										
10. Other (Specify):										
**Please include in packed cells under A (Page 1) and C2 (Page 3).										
F. APHERESIS (Collected in Your Facility. If performed by other licensed blood bank, write name of facility.)						Number of Donors	Number of Units			
1. Apheresis										
a. Plasmapheresis										
b. Leukapheresis										
c. Plateletpheresis										

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank		Telephone Number	
F. APHERESIS (Collected in Your Facility. If performed by other licensed blood bank, write name of facility.) (Continued)		Number of Patients	Number of Procedures
2. Therapeutic Apheresis			
a. Plasma Exchange			
b. RBC Exchange			
c. Leukapheresis			
d. Plateletpheresis			
3. Stem Cell Harvesting			
G. SALVAGED PLASMA			Total
1. Number of Units salvaged:			
a. Total Units			
b. Total Liters			
H. DISTRIBUTION OF SALVAGED MATERIAL			
Nature of Material	Volume (In Liters)	Name and Address of Destination	

BLOOD BANK ANNUAL STATISTICS (HOSPITALS)
Continued

Name of Blood Bank		Telephone Number	
I. HOSPITAL STATISTICS			Total
1. Total Number of Hospital Beds			
2. Total Number of Surgical Procedures			
J. PERSONNEL	Supervisor	Technologist	Technician
1. Number Full Time Employees in Each Title			
2. Total Number Hours Part Time			
3. Part Time Employees ***			
4 . Total Number Employees (1 + 3 = 4)			
K. CORD BLOOD COLLECTIONS			
Name(s) of Licensed Cord Blood Facility that performs collections in your hospital. 1. _____ 2. _____ 3. _____			

***Prorated to Full Time:
Total Number Hours Part Time divided by 40 (round to nearest whole number).

Name of Blood Bank Director (Print)	Telephone Number
Signature of Blood Bank Director	Date